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**Supporting the transition of disabled students from
university to practice placement**

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Points of Interest

- This article looks at the effect of setting up a procedure to support disabled healthcare students when moving from university into a practice setting
- The research evaluated the effect of the procedure in facilitating disclosure and the provision of any additional support needs (reasonable adjustments) required by disabled students when working in a practice setting
- Effective ongoing communication between students, educators and academic staff appear to be paramount in ensuring the most effective learning environment for disabled students
- Training is required for all academic and clinical staff to improve their knowledge and awareness of disability related issues and subsequently improve their confidence in facilitating the learning of disabled students
- Planning for any additional support needs must be done in advance of the placement to assist both the disabled student and their educator in facilitating an effective learning environment

Supporting the transition of disabled students from university to practice placement

Abstract

A modified action research project was undertaken to evaluate the effectiveness of a pre placement procedure in facilitating eight disabled physiotherapy students' transition from university to practice. Feedback was gathered from the students, practice educators, visiting and academic tutors via questionnaire. Thematic analysis identified four main themes: 'procedure'; 'student in control'; 'communication' and 'disclosure'. The procedure was generally effective in supporting these students. Recommendations were made: the need for ownership of the procedure from all stakeholders; the development of more effective communication systems and the need for appropriate disability awareness training for all academic and practice based staff.

Keywords: university, disabled students, education, reasonable adjustments, disclosure, health professional

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- Planning for any additional support needs must be done in advance of the placement to assist both the disabled student and their educator in facilitating an effective learning environment

Introduction

In recent years the issue of providing effective support for disabled students within the higher education sector has become a key area of development for many institutions. The number of disabled students declaring a disability within higher education has risen exponentially over the last decade (Higher Education Statistics Agency (HESA) 2009/10). HESA statistics in 2009/10 stated that out of the 959,060 students entering higher education in the United

Kingdom (UK), 69,770 (7.5%) had a declared disability. This is almost double the 3.8% of students who declared a disability in 1997/8. This together with the increasing requirements of disability legislation, the widening participation agenda and the requirements of the Quality Assurance Agency (QAA) Code of Practice (Section 3: Students with Disabilities) (2010) has made it vital that universities become pro active in ensuring that all barriers created by policies, procedures and activities are removed to enable disabled students to participate in “all aspects of the academic and social life of the institution” (QAA 2010, 13).

A key area identified for action was work placements. The QAA (2010) requires institutions to consider the reasonable adjustments needed to enable disabled students to participate in work placements. This article describes a modified action research project that was undertaken within a University Department of Health Professions. The aim of which was to develop, implement, and evaluate a procedure to support the transition of disabled students from a university setting to a practice placement setting.

The objectives of this project were:

- (1) To develop and implement a definitive procedure;
- (2) To evaluate the awareness and adherence to the procedure by academic staff, practice educators and disabled students;
- (3) To evaluate the effectiveness of the procedures in supporting academic staff, practice educators and disabled students through the process of disclosure of a disability;
- (4) To evaluate the ease of use of the procedure in facilitating the discussion of reasonable adjustments by academic staff, practice educators and disabled students;

Background

The amendment to the Disability Discrimination Act (SENDA (Home Office 2001) has meant that all universities must reflect the legal requirement to support students with

disabilities within their strategic plans (Department for Innovation, Universities and Skills (DIUS) 2009). An area that requires more development therefore is ensuring that disabled students on programmes that require them to complete work placements continue to receive appropriate support in this setting.

Within a number of professional programmes there is conflict between the requirements of the legislation for non discrimination and the regulatory frameworks in relation to fitness for practice operated by the Professional Standards Regulatory Bodies (PSRB's). In 2007, the Disability Rights Commission (DRC) reported on a 'Formal Investigation into Fitness Standards in Nursing, Teaching and Social Work'. The investigation concluded that "statutory health standards are discriminatory, and lead regulatory bodies, universities and in some cases employers to discriminate against disabled applicants, students and professionals" (DRC 2007, 30). The report highlighted that practice education was a common area of concern. Recommendation 19 required higher education institutions to "properly plan placements for disabled students" (DRC 2007, 37) ensuring that sufficient information about reasonable adjustments was shared with the placement provider.

On the same theme, Fuller, Bradley and Healey (2004) investigated the barriers to learning reported by 173 disabled students in a single UK higher education institution. They reported that 13% of the respondents, mainly on health, social science and education programmes, experienced disability related barriers in relation to off-campus learning.

Wray et al (2005) carried out 100 semi-structured interviews of disabled social work students (50) and staff involved in the planning, support and supervision of social work practice placements (50). The findings supported and expanded on the findings of Fuller, Bradley, and Healey (2004) by finding both positive and negative factors related to the support of disabled health care students in practice. Students identified that effective pre-

1
2
3 placement planning, supportive staff student relationships, the implementation of reasonable
4
5 adjustments and ongoing monitoring were the key factors for a positive placement
6
7 experience. Fifty four percent of respondents reported negative experiences typified by lack
8
9 of flexibility of placement staff, adjustments not being implemented, unhelpful staff attitudes,
10
11 lack of understanding and the disability just being ignored. A key recommendation from this
12
13 document was again the introduction of an institutional process for placement support that
14
15 includes assessment of need, discussion of the benefits and professional issues related to
16
17 disclosure, the determination and negotiation of reasonable adjustments and a system for
18
19 ongoing monitoring of progress and a review of needs. These recommendations are also
20
21 supported by guidelines produced by the Chartered Society of Physiotherapy (CSP) (2010),
22
23 the Health Professions Council (HPC) (2009), the Quality Assurance Agency (QAA) (2010)
24
25 and the Nursing and Midwifery Council (NMC) (2011).
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29
30 The authors' institution contains a faculty which incorporates a number of health
31
32 professional programmes including undergraduate and postgraduate nursing, physiotherapy,
33
34 speech and language therapy and social work. In 2007-9 a study was carried out to
35
36 investigate the current support for the learning and teaching of students with disabilities
37
38 (Botham 2009). The area of support for practice placements was discussed in focus groups by
39
40 academic staff and practice based educators (clinicians). Comments ranged from a lack of
41
42 support for placement planning, lack of communication between the University and
43
44 placement staff particularly pre-placement and having no clear procedure and guidance in
45
46 relation to disclosure. A recommendation of Botham's preliminary report (2009), supported
47
48 by discussions with students, was to develop, implement and evaluate a procedure for pre-
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50 placement interviews for disabled students. This project focuses on the implementation of
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52 this recommendation.
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Methodology

Research Design

A modified action research process was used by the researchers to continually evaluate, modify and review the procedure as more feedback from stakeholders was gained.

The authors contacted the local NHS Research Ethical Committee and the Chair of the Faculty Research Ethics Committee and were advised that formal ethical approval was not required as it was deemed to be part of service development.

Procedure

The project was divided into four stages summarised in Figure 1.

[Fig1 here]

Draft Proforma/Guidelines (Botham 2009)

Following discussion with students documents were produced as part of Botham's earlier study (2009). These were adapted for this project. The document included a procedure for the process of supporting disabled students on practice placement and a proforma for documenting a disabled students placement needs, support and progress.

Stage One and Two were undertaken within the physiotherapy programmes with a view to the documents then being adapted for use across the other health care programmes within the faculty.

Stage 1: Pre Pilot Phase

Six physiotherapy academic staff (out of a possible eight) attended a focus group with the objective of reviewing the new document and agreeing a procedure for its use. These academics were all personal tutors to the eight second year physiotherapy students that had

declared a disability. These students had an institutional statement of needs and had not yet been out on practice placement. The two tutors that were unable to attend were given the opportunity to add their opinion via email. Following the focus group the finalised draft procedure was produced (see Figure 2).

[Fig 2 here]

Stage 2: Pilot Study Phase

The eight second year physiotherapy students that had declared a disability noted above formed the focus of the pilot study. The procedure was implemented for these students for the three placements that occurred in their spring/summer term.

Pilot Study Results and Evaluation: Six students completed a pre-placement meeting, one student declined to attend and one personal tutor forgot to organise the meeting. On reviewing the completed documents it was found that only three out of the eight personal tutors had complied fully with the procedure. A questionnaire was sent out to all eight students and their respective personal tutors in order to gain more feedback. Five questionnaires were returned (2 students and 3 personal tutors) recommending only minor changes to the layout of the document. The procedure itself remained unchanged (see Figure 2).

Stage 3: Implementation of Definitive Procedure

It was planned to implement the procedure across all the healthcare programmes within the Faculty. However, due to a number of circumstances the procedure was only fully implemented within the Physiotherapy Department.

1
2
3 The definitive procedure was then implemented with a different physiotherapy cohort
4 and focussed on another eight second year students who had disclosed a disability. As with
5 the pilot study group all eight students completed three five week placements back to back in
6 the spring and summer terms.
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11 12 13 *Stage 5: Project Evaluation Stage*

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15 Four questionnaires were developed to gather feedback from the four different perspectives
16 namely the student, visiting tutor, personal tutor and practice educator. The questions were
17 designed to specifically to evaluate the project aim and objectives two, three and four.
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23 *Structure and analysis of the questionnaires:* Open questions were used within the
24 questionnaire to evaluate the project objectives. These were analysed using thematic content
25 analysis (Graneheim and Lundman 2004; Braun and Clarke 2006).
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30 For this project a meaning unit was defined as “words or statements that relate to the
31 same central meaning” (Graneheim and Lundman 2004, 106). A category was considered to
32 be a group of meaning units that shared a commonality. A theme was considered to be the
33 overarching thread that linked the categories together (Graneheim and Lundman 2004).
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39 Figure 3 shows the thematic analysis process.
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42 *[Fig 3 Here]*
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45 **Presentation and Discussion of Results**

46
47 Nineteen out of 45 evaluation questionnaires were returned, giving an overall response rate of
48 41%. This rate varied across the groups surveyed from 62.5% for the student group to 29%
49 for all staff groups (see table 1). The response rate from staff was disappointing and
50 reminders failed to increase this rate. Botham (2009) in a study of the same group also
51 reported a low response rate and suggested a cultural issue within the institution related to the
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lack of priority given to issues related to disabled students support.

[Table 1 here]

Thematic Analysis

On reviewing the findings of the thematic analysis for each of the four groups questionnaires it was found that there was a lot of commonality of the categories and themes found and this allowed the findings of all groups to be combined. These findings were then reviewed in relation to the projects aim and objectives. The thematic analysis resulted in the establishment of four themes linked to the study objectives each with between one and eleven categories.

The Themes identified were:

- (1) Procedure
- (2) Student in Control
- (3) Communication
- (4) Disclosure

The categories identified within each theme are presented in Table 2. Presentation of the full list of meaning unit allocation and respondents responses are beyond the scope of this paper but can be accessed directly from the authors.

Results: Identified Themes and Categories

The theme ‘Procedure’ had eleven identified categories related to the use, adherence and value of the procedure. The theme ‘Student Control’ had five categories related to student’s taking the lead and their relationship with staff members. The theme ‘Communication’ had four categories related to the quality of communication and the lack of confidence or reluctance to discuss disability issues. Finally, the theme ‘Disclosure’ had seven categories

related to the reluctance of student's to disclose and the timing, support for and method of disclosure.

[Table 2 here]

Discussion

This discussion will focus on the project aim and objectives and how these findings may influence future developments and study into this area of practice. Detailed discussion of all categories is beyond the scope of this paper. The discussion will focus on categories that were identified by more than one participant.

Objective 1: To develop and implement the definitive procedure

The procedure was successfully piloted, evaluated and a final definitive procedure completed within the Physiotherapy Programme.

Since completion of the project the procedure has now been implemented within the other health related programmes and there has also been interest in the procedure from a range of non-health programmes such as Environmental and Geographical Sciences. The procedure is now available to all departments via the University webpage.

Objective 2: To evaluate the awareness of and adherence to the procedure by academic staff, practice educators and disabled students

Responses within the procedure and disclosure themes clearly relate to this objective and demonstrate a mixed picture. To aid clarity, the discussion will be split into two parts to review each component of the objective.

Awareness of the procedure

A number of themes contain comments that indicate that a number of participants lacked

1
2
3 awareness of the procedures existence or content. Comments ranged across all participant
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5 groups except the personal tutors. One Practice Educator stated,
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8 “I have not seen a copy of the new procedure before” (PE3).
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11 Currently the procedure is distributed to the practice educators via a local coordinator and
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13 these comments would suggest that this method has been ineffective in some NHS trusts in
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15 ensuring that each of the practice educators have been notified of the procedure and given
16
17 access to the documentation. Practice educators also suggested that if they had been aware of
18
19 the procedure the quality of placement would have improved. A solution recommended by
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21 the practice educators was therefore to distribute the procedure more widely. A Practice
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23 Educator commented that,
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28 “each centre should have a procedure document provided previously,
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30 as some of the problems would have been eliminated if (I) had
31
32 seen the document” (PE7).
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34 It also appears that some disabled students were unaware of the procedure documentation.

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36 One Student reported that they,
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39 “did not know the documents exist” (S1).
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42 They again recommended wider distribution suggesting,
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46 “It would be useful to ensure that the students were aware of the pre
47
48 placement proforma and guidelines” (S1)
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50 No personal tutors from within the physiotherapy programme stated that they were unaware
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52 of the procedure which is perhaps not unexpected as a number of staff development sessions
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54 were held to introduce the procedure. However one Associate Lecturer who only carries out
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56 placement visits missed this training and as a result was unaware of the procedure.
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“I would like to have known that the student declared a disability before the first visit “ (VT 3).

This would suggest that there is a need for improved communication measures for Associate Lecturer visiting tutors. In the future these staff will be invited to staff development sessions and will receive information regarding the student they are visiting via a confidential email. The lack of awareness of the procedure by some students could be improved by better communication methods, for example, information could be distributed to all disabled students via a dedicated online resource.

At the time of the project, communication to placements was via a placement coordinator rather than the individual placement practice educator. A more extensive distribution system is required to access all practice educators and perhaps an email distribution list may be a solution. However, there will be difficulties maintaining the currency of this list. Following the completion of this project practice educators who have attended the practice educator’s course have been made aware of this procedure.

However, it is clear from the responses that many of the study participants were aware of the procedure and clearly engaged with it. One Student stated,

“all three visiting tutors made sure I was happy and had all my needs met” (S1)

Adherence to the procedure

It is evident from the evaluation that adherence to the procedure was again mixed. All groups report incidences when part of the procedure was not followed. Again these issues were mainly reported by the practice educators and the students and less so from the university based personal and visiting tutors. A number related to the lack of pre-placement communication between the student and the placement educator.

“I have had two students with disabilities and there was no pre

placement communication with anyone” (PE 4)

It is possible that this lack of pre placement communication is linked to the students preferred method of disclosure. A number of the students preferred to delay disclosure either until day 1 of the placement or even later. Two Practice Educators reported that:

“the student disclosed on the first day of the placement “ (PE 2).
“It had been left to the student to tell me which didn’t happen until into week 2 of the placement” (PE 4)

Within University disclosure guidelines and under the Data Protection Act (1998) deferred/non disclosure is permitted as long as there is not an associated health and safety issue. Students have the right to non-disclose or to defer disclosure until they feel comfortable to do so. A potential way to reduce the percentage of late/non disclosure is to ensure that within the pre placement meeting the students are clearly informed of the benefits of disclosure in advance of the placement and the potential difficulties in making appropriate reasonable adjustments when no disclosure is made. This is still unlikely to result in 100% disclosure as some students will still fear stigma and discrimination (Stanley et al 2011). In order for effective pre-placement discussion to occur more staff development may be needed to ensure that academic staff are confident at discussing the issues around disclosure and appropriate reasonable adjustments.

Feedback from students suggested that although the majority of students had been consulted in a personal tutor meeting a number had not been given a copy of the procedure and were not really aware of the procedure. One Student (S1) only saw the documentation when it was distributed with the project evaluation.

Although it is stated in the procedure that a copy of the document should be emailed to the student prior to this meeting, it clearly needs to be explicit to personal tutors that the student should receive this in advance of the meeting. This ensures they are able to think

about any issues prior to the meeting. This is particularly important for students with dyslexia who may find it difficult to think on the spur of the moment within a tutor meeting. Students should be given their own copy of the completed proforma. This is particularly important for students with dyslexia and associated short term memory difficulties who may struggle to remember the recommendations made.

For one Personal Tutor the need to carry out the pre placement meeting was forgotten, despite the full team staff development session and a reminder email. The Tutor states,

“I have no recollection of doing any parts of the procedure... I clearly need to remind myself to do it though”. (PT 1)

Busy academic staff have many things to remember and this is bound to occur. A solution could be to send a reminder email to the personal tutors and also put an announcement online for students, asking students with an institutional statement of need to make an appointment with their personal tutors. This will encourage the students to be take responsibility for their own learning support and decrease the likelihood of the meeting being omitted.

Objective 3: To evaluate the effectiveness of the procedure in supporting academic staff, practice educators and disabled students through the process of disclosure of a disability

The main responses that linked to this objective were noted under the “disclosure” theme.

One Personal Tutor commented that it,

“...helped to prepare the student” (PT2)

Although it was highlighted that some students chose not to disclose in advance of the placement (or at all) several practice educators commented that when they did, it was extremely useful. These positive comments regarding pre-placement communication suggested that the procedure had been effective in supporting these students. One Practice

Educator stated that it,

“Helped to meet beforehand to settle nerves (students) and put any anxieties to rest” (PE1)

Practice Educator 5 commented that,

“it was very useful because we could prepare to accommodate the student’s medical disability” (PE5)

One Student chose not to disclose prior to their placement (S2) and chose to disclose on the first day whilst another student chose to delay disclosure until 2 weeks into the 5 week placement (PE4). Reasons for this delayed disclosure could vary and further questioning would be needed to confirm the reasons behind these decisions. Although supporting students with disabilities should be an integral part of their pastoral and academic care disclosing a disability can still be challenging for students as there still appears to be some stigma attached to it. A quote from one Student (S4) who chose to limit her disclosure to her practice educator alone and hence did not disclose to the wider team highlighted that she,

“would feel embarrassed if everyone knew”

Another student commented that,

“I did not have to keep telling people” (S1)

Although Student 1 had mentioned that they did not feel a pre-placement visit was necessary they did note that it was nice to know the option was open to them. This highlights the importance of the student being in control and having the choice as to whether they wish to disclose or not. It demonstrates the effectiveness of the procedure in providing an opportunity for disabled students to discuss the issue of disclosure. The overall decision regarding disclosure must be the choice of the student and what they deem to be appropriate for

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3 themselves.

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5 The timing of a student's disclosure is the prerogative of the student. The
6
7 responsibility of the university is to ensure that an opportunity is available for the students to
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9 disclose and that the student is made aware of the potential implications of disclosing or not
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11 disclosing (DRC 2007). This decision may have implications not only for the student's
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13 learning but may also affect the practice of their practice educator and potentially on the
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15 patient as well. Delayed or non disclosure may disadvantage the student and frustrate
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17 practice educators as they are unable to plan in advance and this may impact on their
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19 workload. Non disclosure could disadvantage the student as an optimum learning
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21 environment may not be provided as reasonable adjustments will not be made. Conversely a
22
23 student may choose to disclose and still not feel supported which could adversely affect their
24
25 learning. Stanley et al (2011) report clear positive benefits of disclosure in most cases.
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29 Several students commented on the benefits of disclosing their disability. Student 2
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31 felt that it allowed them to say how their learning could be helped and also enabled them to
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33 explain things they found difficult. Student 5 commented that they fully disclosed before all
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35 placements enabling adjustments to be implemented and ensuring all colleagues were
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37 informed of their disability for safety reasons (S5). This pro-active response regarding
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39 preparing for a student on placement is encouraged by the Equality Act (2010). This will
40
41 create a more effective learning environment for the student from the first day of the
42
43 placement thereby helping the student to succeed. Stanley et al (2011) reported that
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45 disclosure of a disability resulted in the students receiving appropriate support and in some
46
47 cases resulted in a positive, supportive attitude from key clinical staff. As the practice
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49 environment is a very busy one preparing for a student with additional learning needs prior to
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51 the placement starting may help to reduce stress for all concerned. Practice Educator 1 raised
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53 the point that they felt the procedure was,
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“very effective but this was due to the pro-active nature of the student”(PE1)

When disabled students are aware of their strengths and weaknesses, planning for any reasonable adjustments should be easier. However , a lack of insight into the placement environment can sometimes make this more difficult. Good communication between the student and their personal tutors, visiting tutors and practice educators should make this process easier as these members of staff have experience of a variety of placement environments and can highlight areas that may need addressing and suggest reasonable adjustments. Difficulties may arise when disabled students aren’t aware of their limitations or don’t want to talk about specific issues because they feel it is not necessary or for fear of discrimination should they raise them. This has the potential to lead to safety and professional issues. Personal Tutor 2 highlighted this point by noting that the process of disclosure worked well as they got on well with the students and noted that they,

“weren’t sure how it would work with a more reticent student” (PT2).

One Visiting Tutor (VT3) felt reluctant to raise the topic of a student’s disability during her visit and felt that,

“as she (the student) had chosen not to elaborate it would be a little inappropriate to ask for information. I did then feel it was a little awkward – there was no outward sign of any disability and without pressing for details it was difficult to offer support” (VT3).

Visiting Tutor 3 may have felt awkward due to her admitted lack of experience dealing with disability issues. This suggests a future training need for academic staff to ensure a standard level of knowledge is reached including insight into government legislation and who has responsibility to support disabled students. Visiting Tutor 4 also acknowledged that a student she visited,

“did not want to engage with me” (VT4).

Visiting Tutor 4 noted that although the student did not want to discuss any issues directly with her she informed the students personal tutor. Therefore this allowed the personal tutor to offer support or contact her informally should she wish to do so. This highlights the importance of ongoing communication between all parties to ensure that should the student not feel comfortable discussing personal issues with one person there is potential support available from another.

In the initial meeting with their personal tutor, students were asked if they required any support with disclosure to their practice educators or they were happy to do this themselves. Feedback from the questionnaires suggested that most students were happy disclosing themselves. This is probably the ideal method as it encourages the student to take responsibility for their own learning.

Having reviewed the questionnaire findings it appears that those parties who actively engaged with the procedure and the process of disclosure generally found the procedure effective in providing support for the student and practice educator. Where the procedure appears to have been less effective is in supporting students who were not willing to engage with the system or when visiting tutors lacked awareness of the procedure or lacked knowledge regarding reasonable adjustments and their responsibilities from a legislative point of view. As noted earlier the procedure provides an opportunity for students to engage and it is their choice whether they choose to do so or not. Lack of awareness of Faculty procedures together with a lack of knowledge re legislative procedures is an area that needs addressing within the Faculty Staff Development Programme to ensure all students receive the same level of support across all programmes. This is supported by the DIUS (2009) who report that although there have been positive changes in recent years in relation to the creation of inclusive policies and procedures within HEI many areas still need further

development particularly the area of staff training in relation to disability awareness and reasonable adjustments.

Objective 4: To evaluate the ease of use of the procedure in facilitating the discussion of reasonable adjustments by academic staff, practice educators and disabled students

Responses linked to this objective were noted under a variety of themes including procedure, student in control and communication. Positive responses were given by Personal Tutors 1 and 2 and also by Student 5 with respect to the paperwork being clear, user friendly and easy to follow. Visiting Tutor 4 noted that it was useful to have a structure and process to follow to ensure consistency. One of the Practice Educators (PE7) stated that the procedure,

“promoted open discussion regarding disability” and it meant they were able to discuss fully with the student practicable adjustments for both parties” (PE7)

This raised the fact that adjustments may need to be agreed by both the student and the practice educator in order for the adjustments to be “reasonable” for a particular working environment.

Personal Tutor 2 noted that the pre-placement discussion with their personal tutee allowed them to,

“give the student some scenarios so they could hypothesise on what they might need” (PE2)

As noted earlier some disabled students may be aware of their strengths and weaknesses but having not worked in a particular environment previously may need facilitating to consider all their potential needs. This was one of the main reasons personal tutors were made an integral part of the procedure as all personal tutors act as visiting tutors and have an in-depth knowledge of all practice environments. This puts them in the best position to facilitate and

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3 advise their tutees with respect to their potential learning needs and hence any reasonable
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5 adjustments potentially required in the practice setting. One Student (S1) stated that the
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7 procedure,
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10 “helped me talk through my concerns regarding my dyslexia and what problems
11 I envisaged on my placement” (S1).
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14
15 Student 1 also commented that,
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18 “I wasn’t sure what I would need help/support with on my 1st placement.
19 I used this as a learning curve for my 2nd placement” (S1).
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23 Some placements may be more challenging for disabled students than others for a number of
24
25 reasons. For example a student with a visual impairment moving between several locations
26
27 whilst working on the wards in a hospital may be more challenging and demanding than
28
29 being based in one location. It is therefore important to consider how reasonable adjustments
30
31 may need to be modified from placement to placement. Although ongoing communication is
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33 encouraged between placements within the procedure (as students may go from one
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35 placement to the next) one Personal Tutor did note that,
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39 “it isn’t entirely clear how to maintain communication as students go from
40 one placement to another” (PT2)
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44 This ongoing communication therefore needs to be reviewed to ensure the procedure is a
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46 cyclical one.
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49 The provision of appropriate reasonable adjustments were noted in a number of
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51 students responses. One Student (S1) quoted a number of reasonable adjustments that were
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53 agreed upon as a result of discussions,
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55
56 “..the opportunity to type my notes on a PC”
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58 “..additional time to write my notes and do my assessments”
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60

“..quiet space to write notes” (S1).

Another Student commented that they’d agreed reasonable adjustments such as,

“ flexible hours, potential IT support, reduced hours, use of a dictaphone, use of a computer to write notes, ability to eat and drink regularly” (S5)

One issue that was raised was that when students were performing well it was perceived that they didn’t require any reasonable adjustments. This may well have been the case however it raises the question that they may have performed even better if reasonable adjustments had been made. One Visiting Tutor stated that the,

” student said they were absolutely fine and felt like this would not be an issue on the placement type” (VT2).

As already discussed students may choose not to disclose or may feel reticent to discuss issues and reasonable adjustments. This may lead to a learning environment that isn’t as effective as it could be but we must accept that is the students’ choice. There is little evidence however comparing the outcomes for disabled student with respect to the effectiveness of the learning environment where reasonable adjustments have or have not been set up. This is therefore an area for future research.

Conclusion

Although the response rate from the students was high (62.5%) the response rate from all other parties was comparatively poor (29%). This means that although we can draw valid conclusions from the student’s responses, we may have to be more cautious about drawing firm conclusions from the responses of personal tutors, visiting tutors and practice educators. However, despite the low response rate from staff the objectives of the project were met. Six themes were identified by the thematic analysis of which four were pertinent to the projects

objectives. The two non-related themes raised areas that require further investigation. These areas were staff knowledge, experience and attitudes towards disability and, whether appropriate reasonable adjustments can have an influence on the grade a student achieves on placement.

Further investigation is also required firstly to evaluate whether or not there is a prevailing culture within this institution that leads to a low priority being given to the support of disabled students by academic staff and secondly whether issues related to disclosure or non-disclosure influence a students performance and grades achieved on placement.

The DRC (2007) report suggested that potential discriminatory behaviour in practice education results from issues such as poor planning, poor communication of required adjustments, poor cooperation from placement providers, a lack of awareness of disability equality and the relevant legislation by placement providers and a reluctance of students to disclose due to fear of discrimination. This study supports these findings particularly in relation to poor communication, poor disability awareness and fear of discrimination. Poor disability awareness is a key finding of a number of other studies (Botham 2009; DIUS 2009; Vickerman and Blundell 2010 and Stanley et al 2011). The authors found that a lack of insight into disability issues may lead to a lack in the confidence of some staff in dealing with disability related issues. This training need may be easier to manage with University based staff but may be more difficult with practice based staff who are not employed by the University.

A number of recommendations have been made to the authors' institution following the findings of this study for example the need to develop a more co-ordinated communication system for all stakeholders within practice education. These are paramount to ensure that all stakeholders, particularly clinical staff, have an awareness of the procedure. Practice education co-ordinators have a key role to play in ensuring this communication takes

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place. This should be linked with an opportunity to attend appropriate disability awareness training. Universities should consider providing this training for their practice placement educators.

The authors firm advice to anyone considering implementing a similar procedure would be to ensure you have “buy in” from all stakeholders particularly university senior management in advance of starting the process. University senior management are in the best position to assist you in raising the priority of supporting disabled students in the practice environment and change institutional culture. They are also best placed to initiate appropriate ongoing disability awareness training for all staff involved in supporting disabled students.

This student quote summarises how implementing this type of procedure, can enable disabled physiotherapy students to succeed on placement.

“I have nothing negative to say at all. I have received nothing but support from all involved. I have never felt ”disabled” or singled out.....I was able to complete all my placements to my full potential without compromising my health. I do not feel I would have been able to achieve this without the support I have received and would have had to withdraw from the programme” (S5)

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Table 1: Response rate from all groups

Group	Questionnaires Distributed	Questionnaires Completed	%
Students	8	5	62.5%
Personal Tutors	7	2	29%
Practice Educators	24	7	29%
Visiting Teachers	7	2	29%

Table 2: Categories identified for each theme			
Procedure Theme	Student in Control Theme	Communication Theme	Disclosure Theme
Procedure not followed	Reasonable adjustments made clear by student /Student aware of own needs	Lack of confidence/reluctance to discuss a disability related issue	Pre-placement communication should be encouraged
Lack of awareness of procedure	Student willing to take lead	Clear liaison with other team members	Delayed disclosure-
Requires wider circulation	Student had pre-existing rapport with other staff member	Clear established relationship and rapport helped process	Limited disclosure
Ensures consistency of approach/structure	Alleviated stress/anxiety	Student reluctant to discuss/disclose	Disclosure allowed appropriate/effective support
Engaged with procedure	No reasonable adjustment as perceived performing well		Non-disclosure
Provided opportunity to encourage disclosure and discuss reasonable adjustments			Disclosure method
User friendly/worked well			Reluctance to disclose/ discuss
Communication process needs further evaluation			
Tutor needs prompt to engage			
Reasonable adjustments discussed			
Enabled success			

For Peer Review Only

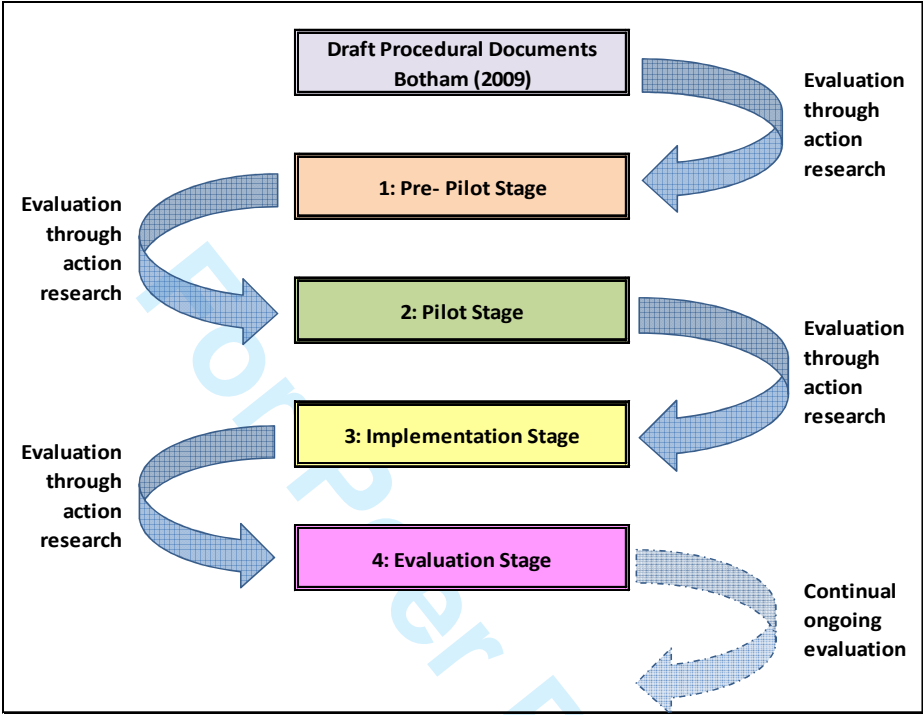


Figure 1. Summary of Project Stages

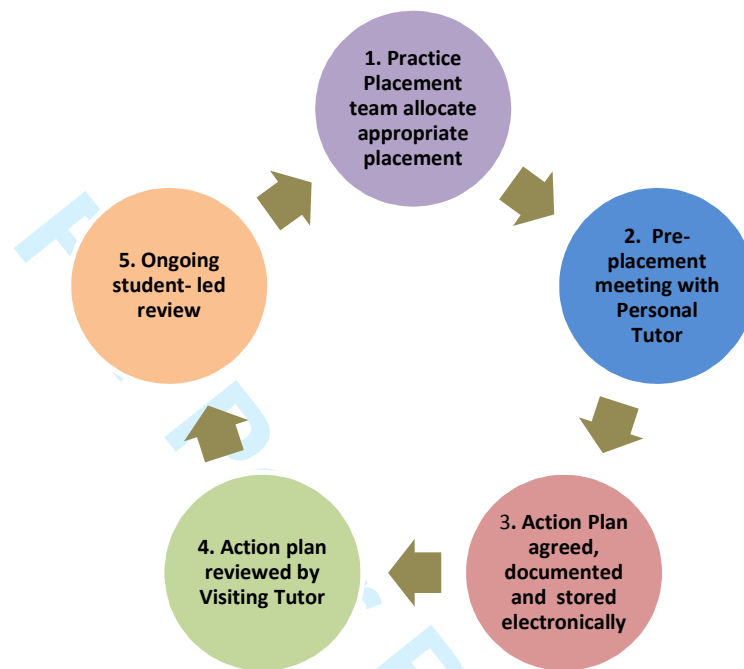


Figure 2. Summary of Pilot (Final) Procedure

Fig 3: Thematic Analysis Procedure

